

*Booker*

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO. <b>10/089164</b>	FILING DATE		
								APPLICANT(S)			
CLAIMS								*	*	*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1	1	1	1
3	2	2	2	2	2	2	2	2	2	2	2
4	2	2	2	2	2	2	2	2	2	2	2
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11	2	2	2	2	2	2	2	2	2	2	2
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14	2	2	2	2	2	2	2	2	2	2	2
15						1					
16							1				
17								1			
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50											
TOTAL IND.						1					
TOTAL DEP.							24				
TOTAL CLAIMS							25				